

AC 4485 (1) STRET FORD

BOROUGH OF STRET FORD
EDUCATION AUTHORITY



Annual Report
OF THE
SCHOOL MEDICAL OFFICER
FOR THE
Year ended 31st December, 1934.

E. H. WALKER, M.B., Ch.B., D.P.H.

School Medical Officer.

BOROUGH OF STRET福德.

Members of the Education Committee, 1934

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(His Worship the Mayor).

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JNO. HINDLE, *Director of Education.*

GEO. H. ABRAHAMS, Town Clerk.

The School Medical Service in relation to The Public Elementary Schools, 1934.

Total Number of Schools :—

		At 31st March, 1934	
		Accommo- dation	Average Attendance
(a)	Council Schools—Elementary .....10	6186	4606
(b)	Non-provided Schools 8	1896	1456
	Total .....18	8082	6062

Number of Children on Books (31st March, 1934)	under 5 years of age	.....	210
	5 years and over	.....	6744
	Total	.....	6954
Produce of One Penny Rate (1934-35) £2055			
Gross Cost of School Medical Service (estimated for year ending 31st March, 1935) £3028			
Amount received in Government Grant £1389			
Parents' Payment for treatment £250			
Net Cost on the Rates £1389			

1.—STAFF.

School Medical Officer : E. H. WALKER, M.B., Ch.B., D.P.H.

Assistant School Medical Officer :

BARBARA M. KNIGHT, M.B., Ch.B., D.P.H.

School Dentist (part time) : GEO. FURNISS, L.D.S., L.M.S.S.A.

Ophthalmic Surgeon (part time) : H. V. WHITE, M.C., M.D.

Aural Surgeon (part time) :

E. S. BURT HAMILTON, M.C., M.B., Ch. B.,
F.R.C.S.ED.

Consultant Orthopaedic Surgeon :

HARRY PLATT, M.D., M.S., F.R.C.S.

School Nurses :

Miss CARBERRY, State Registered Nurse.

Miss MILNE, State Registered Nurse, Certified
Midwife. Certificates of Royal Sanitary
Institute and Sanitary Inspectors' Exam-
ination Board; Health Visitor's Certificate.

Miss COOMBES, State Registered Nurse,
Certified Midwife.

Miss G. HAMMOND, State Registered Nurse,
Health Visitors' Certificate. Certified
Midwife.

Masseuse :

Miss B. CUNLIFFE, C.S.M.M.G.

Clerks :

Miss P. BARRATT, Miss M. W. HEWITT

2.—CO-ORDINATION OF SCHOOL MEDICAL WORK WITH THAT OF OTHER HEALTH SERVICES.

(a) Infant and Child Welfare.

There is complete co-ordination between the School Medical Department and the Maternity and Child Welfare Department, and the wisdom of this provision has been repeatedly exemplified during the past few years.

(b) Nursery Schools.

There are no Nursery Schools in the area. The Nursery Class at Trafford Park Council School meets the rather special needs of this industrial locality.

(c) The Care of Debilitated Children under School Age.

There is no distinction made between children attending school and those of pre-school age. The whole of the resources of the School Medical Service are available for all children, and during 1934 there has been a further increase in the advantage taken of these facilities. 207 children of pre-school age were examined at the School Clinic, as against 173 in 1933, 86 received treatment for minor ailments, and 85 received dental treatment. 46 were referred to the Orthopaedic Surgeon and 26 received operative treatment for tonsils and adenoids. In addition 29 children were referred to the Stretford Memorial Hospital for treatment outside the scope of the Authority's Scheme, as shown on page 17.

TEACHING OF MOTHERCRAFT.

Valuable work has been done by the co-operation of the School Nurses (who are also Health Visitors) and the teachers at the Gorse Hill, Victoria Park, and Old Trafford Senior Girls' Schools. As far as possible arrangements have been made for the elder girls to visit the child welfare centres during regular sessions. Similar courses of instruction at other senior schools girls were in hand at the end of the year.

4.—MEDICAL INSPECTION

(a) Age Groups of the Children Inspected.

The Authority provides for the medical inspection of all children in Public Elementary Schools as soon as possible in the twelve months following:—

- (a) their first admission to Public Elementary Schools, and
- (b) their attaining the age of eight years, and
- (c) their attaining the age of twelve years.

The Board's Schedule of Medical Inspection has been followed, except for the exclusion of weights and measurements.

The routine medical inspections have been carried out by the Assistant Medical Officer, Dr. Barbara M. Knight, who has continued to win the confidence and co-operation of parents and teachers as well as of the children.

2040 children have been examined in the three "code groups," and 364 "other routine inspections" have been made, of children who (*e.g.*) have previously missed inspection at the proper age, or who have been transferred from Schools outside the Authority's area.

315 children due for inspection were absent at the time of visit to the School.

5.—FINDINGS OF MEDICAL INSPECTION.

(See Table 11, page 27.)

(a) **Uncleanliness.**

At the routine inspections only 34 children were found with vermin or with nits in the head. At the 58 special inspections made by the school nurses for this purpose, 29 boys out of 5090 examined, and 337 out of 5087 girls, showed evidence of infestation with nits or vermin.

Uncleanliness of the body or clothing was noted in 4 boys and 2 girls.

This satisfactory position is largely attributed to the valuable influence and assistance of the teachers.

(b) **Minor Ailments.**

The number and type of defects found at medical inspections, both routine and special, is shown in Table II on page 27. The number of individual children requiring treatment is shown separately in Table IIB on page 29.

(c) **Tonsils and Adenoids.**

95 children were noted at routine inspections to require operative treatment and 111 at special inspections. Of the latter 19 were referred by private medical practitioners for early treatment. Cases referred for observation or non-operative treatment numbered 257 at routine inspections and 27 at special inspections.

EXCLUSION FROM SCHOOL OF CHILDREN SUFFERING FROM DEFECTS
OTHER THAN NOTIFIABLE INFECTIOUS DISEASES.

Defect or Disease		Number of Children Excluded	Total No. of Weeks Excluded
	Uncleanliness	13	13
	(See Table IV, Group V,—iv).		
Skin	Ringworm :		
	Scalp	1	2
	Body	5	8
	Scabies	9	26
	Impetigo	25	34
	Other conditions	27	26
Eye	Conjunctivitis	2	2
	Keratitis	—	—
	Other conditions	3	2
Ear	Otorrhoea	15	15
	Other conditions	3	3
Nose and Throat	Enlarged Tonsils and Adenoids (post operation)	108	205
	Other conditions	85	75
	Enlarged Cervical Glands (non-tuberculous)	21	20
Heart	Heart disease : Organic	1	2
Rheumatism	.....	3	3
Lungs	Bronchitis	66	73
	Bronchial Catarrh	5	5
Nervous System :			
	Chorea.....	5	14
Other Defects and Diseases			
(Albuminuria, Anaemia, Mumps, etc.)		276	344
TOTAL		673	872

(d) **Tuberculosis.**

LIST OF NEW CASES OF TUBERCULOSIS IN CHILDREN OF SCHOOL AND PRE-SCHOOL AGE notified to the Medical Officer of Health under the Public Health (Tuberculosis) Regulations 1930, during the year ended 31st December, 1934.

Notified by	Nature of Case				Total
	Pulmonary		Non-Pulmonary		
	Male	Female	Male	Female	
School Medical Officer	—	—	—	—	—
Medical Officers of Institu- tions	—	—	5	8	13
General Practitioners	—	—	2	6	8
Tuberculosis Officer	—	1	—	2	3
Total	—	1	7	16	24

(e) **Skin Disease.**

3 cases of ringworm of the scalp, 5 cases of ringworm of the body, and 15 cases of scabies were detected at the clinics.

(f) **External Eye Disease.**

43 children with diseases of the eyelids or of the conjunctiva were found at routine inspections, and 35 at special inspections.

(g) **Vision.**

290 children were found to require spectacles to correct defective vision. Of these 228 were detected at the routine examinations in schools and 62 as a result of special inspections ; 17 were children with defective vision associated with squint ; 12 were found in school not wearing glasses which had previously been prescribed.

(h) **Ear Disease and Hearing.**

20 children with defective hearing, requiring treatment, and 14 cases for observation, were detected. The number of children with ear discharge from middle ear disease was 26 at the routine inspections, and 57 at special inspections.

(i) **Dental Defects.**

250 children out of 2404 were found at *medical* inspection to be suffering from dental defects requiring treatment to prevent damage to health.

3395 children out of 5339 examined by the School Dentist at the routine dental inspection in schools, between the ages of 6 and 13 years, were found to require treatment. 666 absentees missed the dental inspection in school, but an effort was made to follow up these children by invitation to the dental clinic.

(j) **Crippling Defects.**

27 children with deformities requiring treatment were detected at routine inspections, and 32 others were seen at special inspections. 37 children were under supervision on account of orthopaedic defects already treated or in satisfactory condition at the time of inspection.

6.—INFECTIOUS DISEASES.

There has been an increase in the number of cases of Diphtheria occurring during the year. 76 children of school age were notified as suffering from Diphtheria during 1934, as compared with 36 in 1933. Notifications of Scarlet Fever increased from 93 in 1933 to 132 in 1934.

There has been no occasion to justify either school closure or class closure, but careful investigation and detection of carriers has been necessary in each instance. Exclusion of individual children has been effective in the control of outbreaks amongst school children.

In the last four months of the year 11 cases of Diphtheria occurred at the St. Alphonsus' School and the cases were distributed in various parts of the school. Patient investigation resulted in the detection of carriers with satisfactory results.

During the same period 9 cases occurred in the Infants' Department at the Seymour Park School and the source of infection was ultimately traced to an absentee who was found at home suffering from clinical Diphtheria.

3 cases of Diphtheria among children attending the Moss Park Infants' School were notified between the end of August and the middle of September, 1934, and the same methods were adopted.

The remaining cases were distributed amongst the other schools in the Borough.

111 swabs were taken by the School Medical Officers in the attempt to trace possible carriers and 15 positive results were obtained, 6 of which were "nasal" carriers of diphtheria.

Children recovering from infectious diseases are not permitted to return to school until they have been examined either by the School Medical Officer or by their own medical attendant in order to ensure their freedom from infection or from sequelae requiring medical supervision or modified school curriculum. The private medical practitioners in the Borough have continued to give valuable assistance in this direction.

Immunisation Against Diphtheria.

Facilities are offered at all School Clinics and Child Welfare Centres, and 71 children have been immunised during the year.

It is important to remember that some three months or more must elapse after the immunising injections before immunity can be expected. Protection therefore should not be postponed until Diphtheria occurs in a School, but unfortunately it is only when the danger of infection is imminent that any demand is made for immunisation.

TABLE showing Schools attended by Stretford Children suffering from notified Infectious Disease in 1934

School	Number of children on Books	Scarlet Fever	Diph- theria
Gorse Hill Special	13	—	1
Gorse Hill Council	808	11	1
Gorse Park	267	3	—
Victoria Park Council	1202	32	3
Seymour Park Council	640	8	19
Trafford Park Council	417	20	3
Kings Road Council	341	8	1
Stretford Road Junior	427	2	1
St. Alphonsus' R.C.	310	4	14
St. Hilda's	223	2	2
Moss Park	602	6	8
St. Anne's R.C.	227	3	3
St. Bride's	205	1	2
St. Anthony's R.C.	114	7	—
Junior Technical	84	—	—
St. Matthew's.....	175	2	1
St. Joseph's	170	—	—
Old Trafford Senior Boys	360	2	1
" " " Girls	346	2	3
Stretford Grammar	509	1	—
Stretford High School for Girls	363	4	3
Open-Air School	88	—	1
St. Teresa's	105	—	2
Private Schools	68	—	—
Schools Outside the District ...	523	14	7
Totals	8587	132	76

Amongst children living outside the district but attending Stretford Schools, there were 8 cases of diphtheria, 1 case of whooping cough, 30 cases of measles, 2 Scarlet Fever, and 1 German measles.

Measles, chicken-pox and whooping cough are not notifiable infectious diseases in the Borough.

7.—FOLLOWING-UP

The School Nurses visit all children who have had a "tonsils and adenoids" operation under the Authority's scheme. They also visit to give instructions to all children who are invited to the Eye Clinic and to children before admission to the Biddulph Grange Orthopaedic Hospital. Visits are paid to the homes of children who have been excluded from school with infectious conditions or with unclean hair. In cases where a child attends the Clinic without a parent, or when the parent fails to bring the child to the Clinic after being invited to do so, the Nurse visits to ascertain the reason, and to give suitable advice. Visits are also made to follow up cases which have been referred to Hospitals and where no report has been received. The total number of visits paid by School Nurses during the year 1934 was 2212.

8.—MEDICAL TREATMENT.

(a) Treatment of Minor Ailments.

The following Table shows the number and nature of the minor ailments treated at the three School Clinics.

MINOR AILMENTS TREATMENT CLINICS.
RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31st DECEMBER, 1934

	Central Clinic		Trafford Park Clinic		Stretford Clinic	
	Treated	Cured	Treated	Cured	Treated	Cured
SKIN :						
Ringworm-Scalp	—	—	—	—	—	—
Ringworm-Body	10	10	2	2	1	1
Scabies	3	—	1	1	12	9
Impetigo	72	61	32	31	32	28
Other skin diseases	54	52	55	49	32	24
EXTERNAL EYE						
DISEASE	69	62	30	26	34	29
MINOR EAR DEFECTS :						
Ear discharge, wax	80	65	29	27	48	34
MISCELLANEOUS :						
e.g., minor injuries, bruises, sores, chil- blains, etc.	315	269	298	298	179	157
Total	603	519	447	434	338	282
Total No. of						
Attendances		2406		1189		546

(b) Tonsils and Adenoids.

The arrangements with the Stretford Memorial Hospital, have continued, with excellent results. Careful consideration is given by the School Medical Officer and the Specialist Surgeon before submitting any child to operation. All children are examined after operation by the School Medical Officer before returning to school.

All children submitted for operation are detained in Hospital for at least one night after operation and when fit to be taken home are removed in the Corporation Ambulance, unless the parent is able to provide satisfactory transport.

(c) Tuberculosis.

The following statement is kindly supplied by Dr. G. Jessel, the Consultant Tuberculosis Officer of the Lancashire County Council, whose valued assistance is at all times available.

TREATMENT RECEIVED DURING THE YEAR 1934 BY TUBERCULOUS
CHILDREN RESIDING IN URBAN DISTRICT OF STRETTFORD.

	Children
Admitted to Sanatoria	2
Admitted to General Hospitals	7
Granted " Light " Treatment at the Eccles Dispensary	4
X-Ray Examination.....	34
Dispensary Supervision or Dispensary Treatment	39
Dispensary Supervision or Treatment with provision of special nourishment	2
Under Supervision on 31st December, 1934	40

The 40 cases under supervision at the end of the year were :—

Pulmonary	7
Non-Pulmonary	32
Combined (Pulmonary and Non-Pulmonary)	1
Cases taken off the Register as " Recovered "	3

The Dispensary at 14, Derbyshire Lane, Stretford, is open daily for the routine attendance of patients for dressings, etc., and for examination of patients by the Tuberculosis Officer on Tuesday and Thursday mornings at 10 a.m.

At the Eccles Dispensary there is an Artificial Light Installation consisting of two 30-ampere carbon arc lamps, one mercury vapour (Jesionek) lamp. and one water-cooled mercury vapour (Kromayer) lamp. The " Light," Department is working throughout the week, and patients are drawn from all over the area. The forms of tuberculosis treated have been : Lupus, Scrofuloderma, Glands, Peritonitis, and a few bone and joint lesions with sinuses.

(d) **Skin Diseases.**

No cases of ringworm of the scalp were treated by X-Rays.

(e) **External Eye Disease.**

46 children were treated at the Minor Ailments Treatment Clinic.

(f) **Vision.**

227 children were examined by the Ophthalmic Surgeon and spectacles were prescribed for 152. There appears to be increasing difficulty in the provision of spectacles ordered for many of the poorer children.

The Education Authority have assisted in this direction by providing spectacles free or at less than cost in necessitous cases.

Children discovered with bent or distorted spectacle frames are referred to the Clinic for attention by the optician free of charge.

64 cases of squint were examined by the Ophthalmic Surgeon. New cases of squint are referred promptly for specialist examination and kept under periodic supervision.

It will be seen from the Table on Page 12 that the number of new cases examined by the Ophthalmic Surgeon was 136 whereas at routine medical inspections in Schools 169 children were found with defective vision. Only a small number of children obtain treatment outside the Authority's Scheme and there is evidence of a growing waiting list which is giving some concern. An increased number of sessions has been provided for during the next Financial Year and it will probably be necessary to ask for a further increase in order to ensure the attention necessary to deal with all cases of defective vision.

The earlier detection of squint through the child welfare centres is a very important factor towards improvement of vision during school life. The following statement showing the ages at which cases of squint *first* attended for treatment, illustrates the earlier attention paid to this condition through the extension of school clinic facilities to pre-school children.

AGES OF CHILDREN REFERRED FOR TREATMENT FOR SQUINT.

Ages, years	Six Mts.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Number of children examined, 1933 ...	—	2	4	6	4	5	5	10	4	6	4	7	5	2	—	64
New Cases examined, 1933 ...	—	1	3	2	1	3	2	1	1	2	1	2	1	—	—	29
Ages at first attendance of those re-examined in 1933	—	1	9	5	5	5	7	3	6	—	2	—	1	—	—	44

TABLE showing defects found amongst cases examined by the Ophthalmic Surgeon during the year ended 31st December, 1934.

Defect	New Cases		Old Cases	
	Number Examined	Number of Cases of Squint	Number Re-Examined	Number of Cases of Squint
Hypermetropia	10	5	11	8
Myopia	16	—	10	—
Hypermetropic Astigmatism	8	1	4	11
Myopic Astigmatism	8	—	—	—
Compound Hypermetropic Astigmatism	41	9	34	22
Compound Myopic Astigmatism	17	1	11	—
Mixed Astigmatism	27	1	13	—
Emmetropia	9	3	5	3
Totals	136	20	88	44

Defects found among the children examined included:—

Optic Atrophy	1	Congenital Malformation lid	1
Corneal Nebulae	2	Nystagmus	2
Acute Dacryocystitis	1	Conjunctivitis	2
Anophthalmos	1		

(g) **Ear Disease and Hearing.**

143 children made 176 attendances at the Special Ear Clinic for examination and treatment by the Consultant Aural Surgeon.

THE AUDIOMETER.

Ten children have had their hearing tested by the Audiometer under the direction of the Aural Specialist.

In all cases except one, the children were referred to the specialist clinic on account of otorrhoea and deafness which did not respond to treatment at the minor ailments clinic. In the remaining case the child was brought to the school clinic by his parent because he was "stupid and backward." On examination he was found to be of normal intelligence but the Audiometer test showed he had a hearing loss of 63 units in one ear and 57 units in the other.

The Audiometer enables the degree of deafness to be ascertained and gives an accurate record of any improvement, or lack of improvement at subsequent tests.

A good deal of preliminary work has been necessary to acquire experience in the use of the instrument. The noise and vibration from traffic militated greatly against its proper use in the old clinic premises, but with the better facilities now available there is no doubt that the Audiometer will prove to be a valuable asset. The instance cited illustrates its usefulness in differentiating between deafness and mental retardation. The Audiometer has also revealed deafness in children who appeared to be able to hear at the "forced whisper" test.

The results obtained are tabulated below.

Case No.	Symptoms	Signs	Hearing Loss (Audiometer)
1.	Earache (left)	Deaf to forced whisper at 20 feet.	Rt. 24 units Lt. 21 „
2.	Earache	Otorrhoea Deafness	Rt. 60 „ Lt. 66 „
3.	Earache occasionally	Otorrhoea Deafness	Rt. 21 „ Lt. 24 „
4.	Earache constantly Buzzing noises in ear	Otorrhoea Deaf to forced whisper at 10 feet.	Rt. 12 „ Lt. 15 „
5.		Otorrhoea.	Rt. 12 „ Lt. 12 „
6.	"Backward and Stupid."	Deafness	Rt. 63 „ Lt. 57 „
7.	Buzzing in ears.	Deafness Tonsils unhealthy Adenoids*	Rt. 63 „ Lt. 54 „
8.		Deafness.	Rt. 51 „ Lt. 45 „
9.	Earache (R) Buzzing in ears.	Deafness	Rt. 15 „ Lt. 18 „
10.		Otorrhoea Perforation (R)	Rt. 18 „ Lt. 21 „

(h) Dental Defects.

Dental inspection and treatment of school children is available for every child between the ages of 6 and 13 years, and for children below the age of 6 and over the age of 13 by special appointment. Information was obtained that 47 children received treatment from a private dentist, but there is good reason to believe that many more have been treated privately.

INSPECTION AND TREATMENT OF DENTAL DEFECTS.
Number of School Children dealt with.

	Age Groups									
	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	Spe- cials	Total
(a) Inspected by Dentist	597	661	659	662	771	710	648	631	144	5483
(b) Referred for Treatment	347	424	441	412	492	442	416	421	140	3535
(c) Actually Treated	319	356	401	395	435	429	323	337	130	3125
(d) Re-treated *(result of Periodical Examination)	93	108	144	172	142	88	103	102	87	1039

* Cases under (d) are included in (c) of the same Table.

(i) Crippling Defects and Orthopaedics.

The following Table shows the number and nature of crippling defects treated by Mr. Platt, F.R.C.S., Consulting Orthopaedic Surgeon, under the Authority's scheme, by arrangement with the Manchester Royal Infirmary.

A.—CRIPPLING DEFECTS.

Birth Palsy	2
Scoliosis	1
Polio-myelitis	7
Flat Foot	1
Brevicollis	1
Congenital Deformities :—Club Foot.....	4
Claw Foot.....	1
Contracted Toes	1
Hallux Valgus	1
Elevation of Scapula	1
Hammer Toes	1
Anomalies.....	2
Chronic Osteomyelitis	2
Rickets	4
Infantile Hemiplegia.....	3
Ganglion	1
Synovitis Knee	1
Suppurative Arthritis	1
Fractures and Dislocations	2
Contusions	3
Chronic Periostitis	1
Bursae	2
Functional Paralysis.....	1
Divided Tendons	1
Friedreich's Ataxia	1

B.—ORTHOPAEDIC TREATMENT.

Operation	7
Surgical Appliances, etc.	5
Wedges to shoes	2
Massage and Remedial Exercises	22
Supervision	13

Orthopaedic After-care and Remedial Exercises clinic. 15

Date of commencement of Clinic.....	6th May, 1927
Number receiving treatment on that date	6
Number receiving treatment 1st January, 1934	82
Number receiving treatment 31st December, 1934	80
Individual children treated during year 1934.	96
Number of attendances made for treatment during 1934	2026
Number of treatments given during 1934	2614
Average attendance per session during 1934	26

Report of Masseuse in Charge

Two clinics are held regularly each week during the school term.

In the postural classes special schemes of exercises arranged to gramophone records have proved very successful in correcting the round shoulders and hollow backs, and at the same time demanding deeper concentration.

Efforts have been made to make the foot class as interesting as possible by the inclusion of ball races (the ball held between the feet), writing with chalk held between the toes, and picking up marbles, amongst the other rather dull exercises.

The use of Plaster of Paris at the clinic has resulted in more adequate splinting, and the use of splints which the majority of children can apply themselves at home.

The children attending for massage and electrical treatment, who suffer chiefly from Infantile Paralysis and Rickets have shown slow but steady progress.

The number of children treated has been made possible by the increased accommodation and voluntary help of the students from Ancoats Hospital.

Remedial Exercises and Massage.

The following statement shows the number and type of cases treated :—

Defect	Number of Treatments given				
	No. of Cases	Massage and Joint Movements	Breathing and General Remedial Exercises	Re-education of Muscle and Muscle Groups	Electrical
Flat Feet	10	24	124	—	—
Spinal Curvatures	4	50	93	—	—
Postural Defects	23	299	130	—	—
Club Feet	5	94	92	—	—
Polio-myelitis.....	5	221	—	218	47
Spastic Paralysis ...	5	168	211	—	—
Birth Palsy	2	2	—	55	—
Torticollis : Post Operation	1	1	—	5	—
Rickets	25	275	12	—	—
Fractures and other injuries	5	22	3	16	14
Debility and Backwardness	4	53	53	—	—
Other Conditions ...	7	82	166	80	4
	96	1291	884	374	65

Treatment of Children of Pre-School Age.

The following is a summary of the treatment of children below school age, during the year ended 31st December, 1934 :—

	Children	Attendances
Inspection Clinic	114	169
Minor Ailments Treatment Clinic	86	284
Dental Treatment Clinic	85	111
Orthopaedic Clinic	46	66
Remedial Exercises and Massage	—	—
Tonsils and Adenoids : Operations	26	—
Ophthalmic Clinic	16	27
Aural Clinic	47	55

Sixty-eight nursing mothers referred from the Child Welfare Centre attended the Dental Clinic,

CHILDREN OF PRE-SCHOOL AGE TREATED AT THE STRETFORD MEMORIAL
HOSPITAL DURING 1934 ON RECOMMENDATION OF SCHOOL MEDICAL
OFFICER.

Catarrhal Jaundice	1
Circumcision	18
Hernia.....	4
Dental Sepsis	3
Appendix	1
Cervical adenitis	1
Dermoid cyst	1
	29

9.—OPEN-AIR EDUCATION.

(a) **Playground Classes.**

Playground classes are conducted whenever the weather conditions permit.

(b) **School Camps.**

There have been no organised arrangements for school camps in connection with elementary schools in the area. Many children whose circumstances do not permit of a holiday at the seaside or in the country, would greatly benefit by the healthy influence of a period of camping, and the value of the summer holiday would be thereby increased.

(c) **Open-air Classrooms in Public Elementary Schools.**

Excellent examples of the healthfulness of open-air classrooms are afforded at the Gorse Park, Kings Road, and Moss Park Schools. The extension at the latter school is admirably suited for this purpose.

(d) **Day Open-air School.**

Children for admission to the Open-air School are selected by the Medical Officer on account of ill-health, and no other consideration can justify their attendance at this special school. It is necessary to safeguard the school against the admission of children for other reasons and it is desirable that a child should return to the ordinary school as soon as he has received the maximum benefit. This is especially true when the child is nearing the age for transfer to a senior department.

It is gratifying to record appreciation of the continued co-operation of teachers in the ordinary schools, particularly on the return of children from the Open-air School.

The results obtained at the Open-Air School more than justify the claim for extension which has now received the approval of the Board of Education. The work of the school is a most valuable contribution to the health, education and social services of the Borough.

Tribute must be paid to the Headmistress and her staff for their proper recognition of the medical aspects of the modified curriculum and school life, and for the way in which they have surmounted the difficulties of catering for so many different types of children at varying school ages.

CONDITIONS FOR WHICH CHILDREN WERE ADMITTED
TO THE OPEN-AIR SCHOOL DURING 1934.

	Boys	Girls
Delicate : Debility	12	13
Contact with Tuberculosis	1	1
Tuberculosis : gland-quiescent	1	—
Malnutrition	1	3
Bronchitis	1	—
Otitis Media	1	4
Chorea : convalescents	1	—
Orthopaedic conditions	—	1
Anaemia	7	9
Albuminuria	—	3
Epilepsy	—	1
Cervical Adenitis	2	—
Totals	27	35

28 girls and 24 boys have returned from the Open-air School to the ordinary Schools during the year.

OPEN-AIR SCHOOL : Records of Height and Weight.

Age, Years	No. in attendance	Average : on admission		Average gain		Average weeks' stay
		Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)	
6	7	45.86	41.14	1.68	3.47	27.86
7	20	46.12	46.1	1.7	4.95	40.35
8	22	47.1	47.11	2.76	5.91	42.77
9	24	51.72	53.93	1.78	4.66	30.8
10	10	50.4	51.6	2.7	7.6	62.5
11	15	52.55	60.62	2.4	7.2	39.1
12	14	52.25	60.07	3.85	12.0	71.0
13	5	56.4	70.0	2.2	8.3	32.8
14	1	4.9	76.25	4.5	30.0	119

Open-air School (continued).

Out of the 62 children admitted to the school during 1934, forty-six had postural defects due to poor muscle tone arising from their debilitated condition. These defects were not sufficiently severe to require attendance at the Remedial Excerise Clinic and no special exercises were given at school.

On admission, the posture of each child was recorded diagrammatically by a line passing through the ear, shoulder, hip and ankle.

After six months of the open-air school life, eight children were found to have correct posture, ten showed marked improvement, while two remained unchanged. Of the remaining twenty-six children, seven had left the school at the end of the year, and nineteen had not been in sufficiently long for the investigation to be completed.

10.—PHYSICAL TRAINING.

A healthy rivalry is maintained between the various school teams in football, cricket, tennis, captain-ball, and swimming. Except in the Trafford Park district there are excellent facilities for outdoor games, which are fully utilised. The keen interest of many of the teachers in this direction is greatly appreciated.

11.—SCHOOL BATHS.

The Authority's arrangements with the Baths Committee of the Council, permitting the teaching of swimming to school children of 10 years and over, have continued during the year.

Swimming Instruction.

Instruction in swimming for older scholars is provided at the three Public Baths during the months from May to September, including the holiday periods.

12.—PROVISION OF MEALS.

Experience of medical inspection of children in schools during the last ten years has shewn that in spite of the difficulties of recent years, there has not been any noticeable increase in the number of mal-nourished children. At the same time, there is reason to fear that a number of children are not receiving an adequate and suitable dietary.

The necessity for the provision of meals by the Education Committee has received repeated consideration and an attempt has been made to investigate the state of nutrition of children attending school.

109 children whose parents were in receipt of public assistance were specially examined. Of these 41 showed impairment of nutrition but only 13 in any marked degree.

The enquiry elicited that the factors responsible are numerous and varied. Large families, with an annual addition, were prominent. In some families with the greatest financial difficulty, the condition of the children was surprisingly good but it would be unsafe to presume that deterioration may not ultimately be evident if these straightened circumstances continue for any long period. The healthy nutrition of some of these children is explained by the comparatively recent fall in the family income. In other families careful spending of the reduced income and good management of the home have obviously assisted in maintaining the health of the children, whilst there are known instances of carelessness and shiftlessness helping to produce the opposite effect. Some children in poor condition are known to be allowed to stay up too late at night. Insufficient sleep is an important factor in producing mal-nutrition.

Assistance is already being given by the Maternity and Child Welfare Committee to pre-school children, in six of the nineteen families and by the Civic Guild of Help to one other family. Church workers and school teachers have helped in other cases. Two children from one of the families have been transferred to the Open-air School.

The standard income used by the Maternity and Child Welfare Committee as a scale to determine necessity is higher than the scale of relief granted by the Public Assistance Committee, so that many families receiving public assistance also receive free milk from the Maternity and Child Welfare Committee on the Certificate of the Medical Officer of Health that "the supply of milk recommended is essential to safeguard the health of the mother or child".

One or two medical practitioners have expressed the view that there is no evident scarcity of food in the majority of homes visited by them and that in many instances they are surprised at the quantity and type of meals served in families believed to be in poor circumstances.

There is, however, some indication from a comparison of the medical inspection records of this year with previous years, that poor nutrition amongst school children appears to be increasing and this should, I think, be interpreted as the cumulative effect of continued unemployment.

It is unfortunate that much of the discussion on the question of nutrition is directed to the determination of the minimum dietary required to maintain health, for whilst it may be comforting to be able to say school children are not suffering hardship or mal-nutrition from want of food, surely a more generous outlook should be adopted in regard to a dietary of growing children. For the proper advantage to be taken of State education, for the prevention of sickness and particularly for the necessary resistance to the infectious ailments of school age and for the building up of healthy citizens, it is not the minimum but at least a generous and varied dietary which is required.

School Meals.

Special arrangements are made at Gorse Park School and at the Special Class at Gorse Hill for the children who require to remain in school for dinner. The feeding of children is an essential feature of the Open-air School. In the Nursery Class and most infant departments milk is served, under voluntary arrangements by teachers.

13.—CO-OPERATION OF PARENTS.

During the year, 1511 parents were interviewed by the School Medical Officer at the routine medical inspections, and 3298 attendances were made by the parents to the Clinics. There is increasing evidence of the interest of parents and their appreciation of the work of the School Medical service. The sense of parental responsibility has been increased rather than lessened by the efforts of this service.

14.—CO-OPERATION OF TEACHERS.

Teachers, individually and collectively, have unfailingly given most valuable help to the department and have fostered the interest of parents, by affording contact of mothers and teachers in the presence of the children. In many other ways their assistance and influence have been of the greatest value.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The School Attendance Officers have at all times assisted, by following up cases of neglect, by reporting cases of sickness and suspected infectious diseases, and by advising parents of the facilities available. Copies of all certificates of exclusion from school by the School Medical Officer are supplied to the School Attendance Officer.

16.—CO-OPERATION OF VOLUNTARY BODIES.

The Stretford Civic Guild of Help, the Surgical Aid Society, the Invalid Children's Aid Association, and the National Society for the Prevention of Cruelty to Children, have all continued to co-operate with the school medical department.

ORIGIN OF CASES REFERRED TO CLINICS.

Education Department	8
Sent By Parents	847
„ Medical Practitioners	58
„ School Medical Officer	122
„ Teachers	312
„ School Nurses	185
„ Child Welfare Centre	15
„ School Attendance Officers	135
„ Dental Officer	9
„ Tuberculous Officer	3
„ Manchester Royal Infirmary	7

17.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN

(a) Ascertainment.

The methods of ascertainment of all exceptional children, outlined in previous reports, have continued through the co-operation of parents, teachers, medical practitioners, school attendance officers, school nurses, child welfare centres, and voluntary agencies.

(b) Blind and Deaf Children.

The total number of blind and deaf children maintained in Institutions by the Authority is given in Table 3, page 30.

(c) Supervision of Mentally Defective Children.

The supervision of mentally defective children in the area is carried out by the school nurses and by reference to the South-East Lancashire Association for Mental Welfare.

(d) The Special School.

	Boys	Girls
No. on Register at		
January 1st, 1934.	11	2
No. admitted during the year	4	—
No. discharged or left		
during the year	4	1
No. on Register at		
December 31st, 1934	11	1

During the past two years very serious consideration has been given to the question whether the Special Class is really justifying its existence. It has to be admitted that many of the children in the class cannot really derive benefit from instruction in the Class but are largely there in order to keep them occupied and prevent them wandering about the streets. In some instances parents would certainly protest against any proposal to disband the Class, but the results of the last few years clearly indicate that the relatively high cost of trying to educate these children is unjustifiable.

Another aspect of the difficulty experienced has previously been referred to, that parents of higher grade defective children who might obtain benefit from instruction in a properly equipped and staffed Special School, resent the idea of sending their children along with much lower grade defectives, and it is not possible in one class properly to cater for the individual needs of various grades.

(e) **Epileptic Children.**

One boy, admitted to the Epileptic Home for Boys, Starnthwaite, Kendal, in December, 1929, left in August, 1934 on attaining the age of 16 years. Another boy was admitted to Sandlebridge in July, 1931, and is still undergoing institutional treatment.

18.—SPEECH DEFECTS.

Defects of speech discovered during the year were due to faulty articulation or incorrect breathing. Such children require constant, patient, quiet training, both at school and at home.

In special cases Mr. Spalding, the Headmaster of the Royal Residential Schools for the Deaf, and his Staff, have again given valuable assistance.

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR
ENDED 31ST DECEMBER, 1934 BY THE LOCAL EDUCATION AUTHORITY TO
THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified : 6

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis	Boys	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School : (a) Idiots (b) Imbeciles (c) Others	2	Nil
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children : (a) Moral defectives (b) Others		
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	4	
3. Feeble-minded children notified under Article 3, i. e. "special circumstances" cases Note.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority		
4. Children who in addition to being mentally defective were blind or deaf Note.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).	Nil	Nil
Grand Total	6	Nil

20.—EMPLOYMENT OF YOUNG PERSONS AND CHILDREN.

Eighty-four children were examined during the year with the following results :—

Certificates granted permitting employment out of school hours	116
Certificates granted conditionally upon necessary treatment being obtained	1
Certificates granted permitting appearance in entertainments...	8
Certificates not granted—treatment not obtained	—
Certificates refused on the grounds that employment out of school hours would be detrimental to health or education	1

**21.—DEATHS DURING THE YEAR 1934 OF CHILDREN OF
SCHOOL AGE.**

Certified Cause of Death	Ages—Years											Total
	3 and 4	5	6	7	8	9	10	11	12	13	14	
Accident—run over by motor vehicle.....	—	1	—	—	—	—	—	—	—	—	—	1
Convulsions and Acute Enteritis	1	—	—	—	—	—	—	—	—	—	—	1
Epilepsy	—	—	—	—	—	—	—	—	—	1	—	1
Diphtheria	—	—	—	2	2	—	1	—	—	—	—	5
Broncho Pneu- monia	—	2	—	—	—	—	—	1	—	—	—	3
Tubercular Meningitis	—	1	—	—	1	—	—	—	—	—	—	2
Uraemia	—	—	—	—	—	1	—	1	—	—	—	2
Meningitis	—	—	—	1	—	—	—	—	—	—	—	1
Pericarditis.....	—	—	—	—	—	—	—	—	—	—	1	1
	1	4	—	3	3	1	1	2	—	1	1	17

STRETTFORD EDUCATION
COMMITTEE

SCHOOL MEDICAL SERVICE.

STATISTICAL TABLES

For the Year 1934

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	....	....	....	....	....	..	....	....	750
Second Age Group	....	....	....	....	....	....	....	....	668
Third Age Group	....	....	....	....	....	....	....	....	622
Total	....	....	....	....	....	....	....	....	2040

Number of other Routine Inspections 364

B.—OTHER INSPECTIONS.

Number of Special Inspections	....	....	....	....	....	....	....	1753
Number of Re-Inspections	....	....	....	....	....	....	....	1814
Total	....	....	....	....	....	....	....	3567

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1934

Defect or Disease		Routine Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	Malnutrition.....	6	60	13	11
	Ringworm :				
	Scalp	1	—	3	—
	Body	—	—	5	—
	Scabies	—	—	15	—
	Impetigo	9	—	34	—
Eye	Other Diseases (non-Tuberculous)	37	1	113	1
	Blepharitis	37	—	17	—
	Conjunctivitis	6	—	15	—
	Keratitis	—	—	2	—
	Corneal Opacities	—	1	1	—
	Defective Vision (excluding Squint)	263	48	27	—
	Squint	17	9	9	5
Ear	Other Conditions	4	2	12	12
	Defective Hearing	13	2	7	—
	Otitis Media	26	—	57	—
	Other Ear Diseases	21	1	11	1

Defect or Disease		Routine Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Nose and Throat	Chronic Tonsillitis only	70	184	35	26
	Adenoids only	5	12	3	—
	Chronic Tonsillitis and Adenoids	20	61	73	1
	Other Conditions	55	15	124	11
Enlarged Cervical Glands (Non-Tuberculous)		7	93	40	7
Defective Speech		2	9	—	8
Heart and Circulation	Heart Disease :				
	Organic	2	18	1	4
	Functional	1	12	—	5
Lungs	Anaemia	25	2	42	—
	Bronchitis.....	14	5	26	—
	Other Non-Tuberculous Diseases	4	1	25	7
Tuberculosis	Pulmonary :				
	Definite.....	—	1	1	—
	Suspected	—	—	—	—
	Non-Pulmonary :				
	Glands	—	3	2	—
	Bones and Joints	—	1	—	—
	Skin	—	—	—	—
Nervous System	Other Forms	—	—	1	—
	Epilepsy	—	1	—	4
	Chorea	—	—	8	—
Deformities	Other Conditions	8	12	15	3
	Rickets	—	—	—	—
	Spinal Curvature	2	2	—	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	Other Forms	25	61	32	4
		40	35	275	127
TOTAL		720	652	1044	237

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE
MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING
UNCLEANLINESS AND DENTAL DISEASES).

Group	Number of Children		Percentage of children found to require treatment
	Inspected	Found to re- quire treatment.	
CODE GROUPS :			
Entrants	750	132	17.6
Second Age Group	668	172	24.55
Third Age Group	622	164	26.37
Total (Code Groups)	2040	468	22.94
Other Routine Inspections	364	91	25

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

			Boys	Girls	Total
Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling or Heart Disease.....			—	—	—
Blind	(i) Suitable for training in a School for the totally blind	At Certified Schools for the Blind.....	2	—	2
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Partially Sighted	(ii) Suitable for training in a School for the partially Sighted	At Certified Schools for the Blind	—	1	—
		At Certified Schools for the Partially Sighted	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Deaf	(i) Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf	3	2	5
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Partially Deaf	(ii) Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf	—	—	—
		At Certified Schools for Partially Deaf	—	—	—
		At Public Elementary Schools	8	2	10
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

			Boys	Girls	Total
Mentally Defective	Feeble-minded	At Certified Schools for Mentally Defective Children	12	2	14
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	2	1	3
Epileptics	Suffering from severe epilepsy	At Certified Special Schools	1	—	1
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Physically Defective	Pulmonary tuberculosis (including pleura and intrathoracic glands)	At Certified Special Schools	—	1	1
		At Public Elementary Schools	1	2	3
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Non Pulmonary Tuberculosis	At Certified Special Schools	2	2	4
		At Public Elementary Schools	12	12	24
		At other Institutions	1	1	2
		At no School or Institution	—	2	2
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open air School	At Certified Special Schools	31	40	71
		At Public Elementary Schools	65	80	145
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

			Boys	Girls	Total
Physically Defective —contd.	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools	3	2	5
		At Public Elementary Schools	2	10	12
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary School	At Certified Special Schools	—	—	1
		At Public Elementary Schools	6	3	9
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31ST DECEMBER, 1934

TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Uncleanliness, for which see
Group VI).

Disease or Defect	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm-Scalp	—	—	—
Ringworm-Body	13	—	13
Scabies	16	—	16
Impetigo	136	—	136
Other skin disease	141	3	144
Minor Eye Defects			
(External and other, but excluding cases falling in Group II).	133	1	134
Minor Ear Defects	157	4	161
Miscellaneous	792	6	798
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	1388	14	1403

TABLE IV (Contd.)

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1.)

Defect or Disease	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	220	6	—	226
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	7	3	—	10
Total	227	9	—	236

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	152
(b) Otherwise	—

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	150
(b) Otherwise	9

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects				Total number treated
Received Operative Treatment			Received other forms of Treatment	
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
*149	53	202	111	313

*Includes 26 children of pre-school age.

TABLE IV (Contd.).

Group IV.—Orthopaedic and Postural Defects.

Number of Children treated—

Under the Authority's Scheme	106
Otherwise	2

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

	Aged :	5..... —	
		6.....597	
		7.....661	
		8.....659	
Routine Age Groups		9.....662	
		10.....771	Total
		11.....710	5339
		12.....648	
		13.....631	
		14..... —	

Specials 144

Grand Total5483

(b) Found to require treatment3535

(c) Actually treated3125

(2) Half-days devoted to	<table> <tr> <td>Treatment.....</td> <td>195</td> </tr> <tr> <td>Inspection.....</td> <td>20</td> </tr> </table>	Treatment.....	195	Inspection.....	20	Total.....	215
Treatment.....	195						
Inspection.....	20						

(3) Attendances made by children for treatment3247

(4) Fillings $\left\{ \begin{array}{l} \text{Permanent teeth.....1730} \\ \text{Temporary teeth.....6} \end{array} \right\}$ Total.....1736

(5)	Extractions	{	Permanent teeth	.....1036	}	Total	.....4287
		{	Temporary teeth	.....3251	}		

(6) Administrations of general anaesthetics for extractions 3

(7)	Other operations	{	Permanent teeth	.....42	}	Total	.....90
		{	Temporary teeth	.....48	}		

Group VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses.....3

(ii) Total number of examinations of children in the Schools by School Nurses11833

(iii) Number of individual children found unclean174

(iv) Number of children cleansed under arrangements made by the Local Education AuthorityNil.

(v) Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921 Nil.

(b) Under School Attendance Byelaws Nil.

